

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M-G		1/3/00
O.I.P.E. CLASSIFIER			2/8/00
FORMALITY REVIEW	CR	711090	3/21
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral).... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original 3 7	
1 10 1 30	
2 3 1 30	
3 4 ✓	
4 5 ✓	
5 6 ✓	
6 7 ✓	
7 8 ✓	
8 9 0 =	
9 10 0	
10 11 ✓	
11 12 ✓	
12 13 0	
13 14 =	
14 15	
15 16	
16 17 ✓	
17 18	
18 19 0	
19 20 0	
20 21 25 ✓	
21 22 26 ✓	
22 23 27 ✓	
23 24 28 ✓	
24 25 29 0	
25 30 30 0 ✓	
26 31 32 =	
27 33 34	
28 35	
29 36	
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31 38	
32 39	
33 40	
34 41 ✓	
35 42 ✓	
36 43 ✓ =	
37 44	
38 45	
39 46	
40 47	
41 48	
42 49	
43 50 ✓	

Claim	Date
Final Original 3 7	
46 51 ✓ =	
47 52	
48 53	
49 54	
50 55	
51 56	
52 57	
53 58 ✓	
54 59	
55 60 =	
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58 63	
59 64	
60 65	
61 66	
62 67	
63 68	
64 69 ✓	
65 70 ✓	
66 71 ✓	
67 72 ✓	
68 73 ✓	
69 74 ✓	
70 75 =	
71 76 =	
72 77	
73 78	
74 79 ✓	
75 80	
76 81 =	
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92 97	
93 98	
94 99 ✓	
95 100	

Claim	Date
Final Original 7	
89 101 =	
90 102	
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If more than 150 claims or 10 actions  
staple additional sheet here